

Serial No.: 09/661,696  
Express Mail Label No.: EV 409530505 US

Attorney Docket No.: 6028.200-US

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tina Meinertz Andersen

Application No.: 09/661,696

Group Art Unit: 1653

Filed: September 14, 2000

Examiner: Mohamed, Abdel

Confirmation No.: 8978

For: Composition Containing a Meiosis Activating Substance

AMENDMENT AND RESPONSE

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 4, 2003 in which the Examiner rejected claims 1-5, 7-12 and 14-25, please amend the above-identified application as follows:

Amendments To The Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

*Additional fee  
Chg'd.  
8/26/04*

3/09/2004 MAHMEI 00000111 141447 09661696

1 FC:1202 126.00 DA

3/25/2004 LIANXS 00000002 141447 09661696

1 FC:1202 375.00 DA  
2 FC:1201 06.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09661696

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	19 <del>12</del> minus 20 = *	
INDEPENDENT CLAIMS	1 <del>3</del> minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	49	Minus	20	= 29
Independent	4	Minus	3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐

OR

OTHER THAN

SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	630

SMALL ENTITY

TYPE ☐

OR

OTHER THAN

SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	522.00
X39=		OR	X78=	86.00
+130=		OR	+260=	
TOTAL		OR	TOTAL	608.00
ADDIT. FEE		OR	ADDIT. FEE	126.00

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	